

PSJ3

Exhibit 56

Date Request Received

Tracking No.
AM 10558

Requesting Rep.
MURPHY

Logged Eval

Talk Approved

Talk Date
9/25/96

Date of Confirmation with Institution

Notes:

Kathleen Foley
MD

Speaker:

Foley

Date of Confirmation with Speaker

Notes:

4/17 Cashed Regies

Memorial Sloan
Kettering

1275 York Ave.

Box 52

N.Y., NY 10021

212 639 7050

Confirm Letter

Date of Confirmation with Rep

Wandy Susan
richter

Notes:

Reminder Target:
Reminder Actual:

Speaker: Bureau
Corporate

Director

Thank You Target:
Thank You Actual:

Honorarium for this Talk:

1000

8102655490
PDD1701566931

CONFIDENTIAL - SUBJECT TO PROTECTIVE ORDER

PKY180784296

Kathleen Foley,
MD

Memorial Sloan
Kettering
1275 York Ave.

Box 52
NY, NY 10021
212 639 7050

Wally Susan
richter

8102655491
PDD1701566932

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PKY180784297

SPEAKER'S BUREAU CONFIRMATION RECORD

Date Request
Received

Tracking
No. 10558

Requesting
Rep.
MURPHY

Task
Approved

Logged
Eval

Date of Confirmation
with Institution 4/26

Speaker: _____

Notes:

Foley

Date of Confirmation
with Speaker 4/22

on 4/22 FAXed -

Confirm Letter

Notes:

Notes: 4/17 Caged Ringers Book off post ^{yes}

Date of Confirmation
with Reg

Notes:

Reminder Target: _____
Reminder Actual: _____

Thank You Target: _____
Thank You Actual: _____

Speaker Bureau ()
Corporate ()

Honorarium for this Talk:

Director 1000

8102655492
PDD1701566933

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PKY180784298

>>> From : 3407 96-02-29 18:04:18 <<<

MEDICAL EDUCATION DEPARTMENT:
SPEAKER REQUEST FORM

DIRECTIONS:

- 1- All blanks must be completed for the request to be processed.
- 2- Send via E-Mail to box 9993.
- 3- Send (via E-Mail) a copy of this form to your District Manager and Regional Manager.
- 4- Speakers must be approved by the organization.
- 5- Fill out the speakers' program evaluation form after the meeting.

PROGRAM

PROGRAM DESCRIPTION OR NAME OF MEETING: CONNECTICUT CANCER PAIN INITIATIVE, A PROGRAM OF THE AMERICAN CANCER SOCIETY.

212 639 2421

21217 3081

8102655493
PDD1701566934

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PKY180784299

REQUESTED TOPIC FOR LECTURE: "DEATH IN AMERICA PROJECT."

DATE: SEPTEMBER 25, 1996 TIME: 6:00 PM

ALTERNATE DATE(S): TIME:
TIME:

LOCATION (ADDRESS AND ROOM NUMBER): TRUMBULL MARRIOTT
TRUMBULL, CT

IS THIS PART OF A FULL DAY PROGRAM? (Y/N)
NO

SPONSORING ORGANIZATION: CCPI/ACS

ESTIMATE ATTENDANCE: 50-75

MDs: 20 PHARMS: 20

NURSES: 30-45 PAS

OTHERS:

ADDITIONAL REQUIREMENTS: NONE

PROGRAM CONTACT(S)

NAME OF PERSON RESPONSIBLE FOR MEETING: SUSAN RICHTER
DIRECTOR, ACS/CCPI
14 VILLAGE LANE
WALLINGFORD, CT 06492
TITLE: DIRECTOR OF ACS/CCPI

STREET: 14 VILLAGE LANE

CITY: WALLINGFORD STATE: CT ZIP: 06492

TELEPHONE: (203)265-7161 MEETING CONTACT (IF
DIFFERENT THAN ABOVE):

TITLE:

8102655494
PDD1701566935

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PKY180784300

[REDACTED]
STREET:

CITY:

STATE:

ZIP:

TELEPHONE: ()

SPEAKER REQUESTED:

SPEAKER LOCATION:

KATHLEEN FOLEY

MEMORIAL SLOAN KETTERING

TRAVEL REQUIREMENTS: SITE IS IN DRIVING DISTANCE

ESTIMATED DISTANCE AND TIME FROM THE PROGRAM SITE FOR SPEAKER
CHOICE #1:

MILES (ONE WAY): UNSURE

TIME: 1.5 HOURS

MATERIALS

HOW MANY BULLETIN BOARD NOTICES DO YOU WANT? 30

HOW MANY INVITATIONS DO YOU WANT? 30

SUBMITTED BY

REPRESENTATIVE TERRITORY #: #3400407

NAME: ALISON MURPHY

DATE OF REQUEST: 2/29/96

APPROVAL

MEDICAL EDUCATION DEPARTMENT

YES

NO

FOR MEDICAL EDUCATION DEPARTMENT USE ONLY:

DATE: 2/28/96

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8102655495
PDD1701566936

PKY180784301

REQUEST FOR GROUND TRANSPORTATION

TO: PERSONNEL DEPARTMENT

DATE: 9/20/96FROM: ILENE SIEGLER400PICK-UP INFORMATIONDATE: 9/25/96TIME: 10:00 AM

LOCATION:

Airport: _____

Other: (Include Street Address)

Airline: _____

MEMORIAL SLOAN KETTERING

Flight No. _____

1275 YORK AVENUENEW YORK, NY YORK ENTRANCEBETWEEN
67TH & 68THNO. OF INDIVIDUALS TO BE PICKED-UP: 1NAME(S) OF INDIVIDUALS TO BE PICKED-UP: Kathleen Foley MDDESTINATION:
(Include Street Address)TRUMBULL MARRIOTT180 Hawley LaneTRUMBULL, CT

SPECIAL INSTRUCTIONS:

Needs to be at TrumbullMARRIOTT BY 6:00 PMIF RETURN TRANSPORTATION IS REQUIRED, PLEASE COMPLETE FOLLOWING:RETURN INFORMATIONDATE: 9/25/96TIME: 9:30 pmLOCATION:
(Include Street Address)TRUMBULL MARRIOTT180 Hawley LaneTRUMBULL, CTNO. OF INDIVIDUALS TO BE PICKED-UP: 1NAME(S) OF INDIVIDUALS TO BE PICKED-UP: Kathleen Foley MD

DESTINATION:

Airport: _____

Other: (Include Street Address)

Airline: _____

MEMORIAL SLOAN KETTERING

Flight No. _____

1275 YORK AVENUENEW YORK, NY

SPECIAL INSTRUCTIONS:

Please retain PINK copy for your records.

8102655496
PDD1701566937

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PKY180784302

2/6/95SF

4/30/96

THE PURDUE FREDERICK COMPANY—MEDICAL EDUCATION DEPT

100 Connecticut Avenue, Norwalk, CT 06850

Speaker Confirmation & Follow-Up Form PF Track No. AM10558Date: 9/25/96Time: 6:00 pmType of Meeting: CCPI meetingLocation: Hospital/Organization (Provider): Connecticut Cancer Pain Initiative/American Cancer Society (CCPI/ACS)Address/City/State: Trumbull, CT (Trumbull Marriott)Topic Requested: Death in America Project**Lecture Confirmation Information:**

Spkr: Kathleen Foley, MD
 Addr: Memorial Sloan Kettering
 1275 York Avenue: Box 52
 New York, NY 10021

Because of regulatory considerations, please be advised that if during your talk, you discuss any of our products, this should be within only the framework of approved labeling and approved recommended indications and uses for the product.

Audience Anticipated: Approximately (#) 60 (Type) nurses, physicians, pharmacists
 If you have any questions, please call Ilene Siegler at (203) 854-7243

Financial Support Information:

Type (as directed by Provider): Direct To Speaker; Funding To Provider
 Travel Agency Arrangements: Not applicable in funding; Not Required;
 Direct billing to PF not permitted by Provider;
 Required—*Only arrangements made through Wagonlit Travel (800/745-3210) will be covered*

Follow-Up Information: (Completed By Speaker Post-Lecture And Returned In Enclosed Envelope)**Program Assessment By Speaker:**

Topic Presented (if different than above) _____

{Scale: 1 (poor) 2 3 4 5 (excellent)}

Audience: Size _____ Reaction _____ Knowledge of Topic _____ How helpful was PF Rep to you? _____

In a few words, please give us your overall impression of the program: _____

Financial Reimbursement Information:

Check payable to: Kathleen Foley, MD: SS# _____ or Tax ID # _____
Memorial Sloan Kettering, 1275 York Avenue: Box 52, New York, NY 10021

Other: Name: _____ Tax ID # _____
 Address: _____

Honorarium:	<u>\$1000.00</u>	(1099)	Details:	Mileage (\$0.30/mile)	_____
Expenses:	<u>\$</u>	(Bypass 1099)	Tolls/Parking	_____	
			Hotel	_____	
			Meals	_____	
			Other	_____	

**PLEASE
ATTACH RECEIPTS**

Signed (Speaker): _____ Date: _____

 (For PF Office Use Only) Date To Accounting Dept _____

Requested By Ilene Siegler Description: 9/25/96, Trumbull, CT (Trumbull Marriott)

General Ledger No.: 671304800

PPLP/0208 () _____

Approved by: _____

M/E _____

PF/0101 () _____ PP/209() _____

Med Ed Use _____

drconfrm.doc

8102655497
 PDD1701566938

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PKY180784303